

ISSUE SELF-STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>✓</i>		<i>12/1/01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>11/29/02</i>
2	<i>3/1/03</i>
3	<i>✓</i>
4	<i>✓</i>
5	<i>✓</i>
6	<i>✓</i>
7	<i>✓</i>
8	<i>✓</i>
9	<i>✓</i>
10	<i>✓</i>
11	<i>✓</i>
12	<i>✓</i>
13	<i>✓</i>
14	<i>✓</i>
15	<i>✓</i>
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Claim	Date
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If more than 150 claims or 10 actions  
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